



PATIENT PRESENTING CLINICAL SIGNS

Griff Kuxhausen

Griff started stumbling, acting weak and lethargic two days ago. He has not wanted to eat or drink anything since then. He vomited twice today. He has not wanted to move much and is acting very abnormal. No other previous medical history.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: mm pk and moist, CRT <2. Adequate hydration Eyes: Visual OU. No ocular discharge OU. Anterior chamber clear OU. Ears, Nose: Ears clean AU, no nasal discharge. OP: Periodontal disease Integ: Normal hair coat. No dermal lesions. LN: Mandibular, prescapular and popliteal LN palpate normal. CV: No murmurs or arrhythmias, synchronous femoral pulses. Resp: Normal respiratory rate and effort. Lungs sound clear bilaterally with no crackles or wheezes. Abd: Soft, non-painful. Cranial organomegaly. MS: Ambulatory x 4 with support. Mild muscle wasting. Full orthopedic exam not performed. Rectal: Not performed. GU: No discharge. Neuro: Dull mentation, rigid forelimb extension not noted, tetraparetic, no nystagmus noted, decreased CPs x 4, normal menace OU -BW: see attached -UA: sediment contains 2+ cocci -PCV/TP: 58%/8.2 -Electrolytes: Na 137, 142 Cl 99, 102 -BP: 151 Hospitalized on IVF, Cerenia, Pantoprazole and Unasyn, further plan pending AUS

BREED

Jack Russell Terrier

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 Years

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram. The iliac trifurcation was unremarkable. The residual prostate was uniform at 1.0 cm.

WEIGHT

8.3 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Meyer

HOSPITAL NAME

Vet Emergency Group
Denver

Spleen

The **spleen** was slightly enlarged and mildly heterogeneous. Slight scalloping contour noted. This is most consistent with a reactive state.

REFERRING VET

Dr. Meyer

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Occasional hypoechoic nodule noted. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

INVOICE

26609

DATE

10/25/21



PATIENT

Gastrointestinal

Griff Kuxhausen

The **stomach** was empty. Variable small intestine and colonic thickening noted. Reactive mesentery noted associated with the colon and small intestine. The majority of the pathology appeared to be in the caudal abdomen cranial to the urinary bladder.

SPECIES

Canine

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Enteritis with reactive mesentery and steatitis pattern
- Mild reactive spleen
- Unremarkable abdomen otherwise with geriatric abdominal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

IV fluid support, broad-spectrum antibiotics and pain management all indicated. Enterotoxin or similar suspected. No overt evidence of neoplasia. However, an emerging intestinal neoplasia could not be completely ruled out. The caudal abdomen should be monitored carefully for progression or regression of the presentation. FNA of the spleen would be ideal for further definition. Aggressive plasma expansion and treatment for enterotoxin indicated.

WEIGHT

8.3 Pounds

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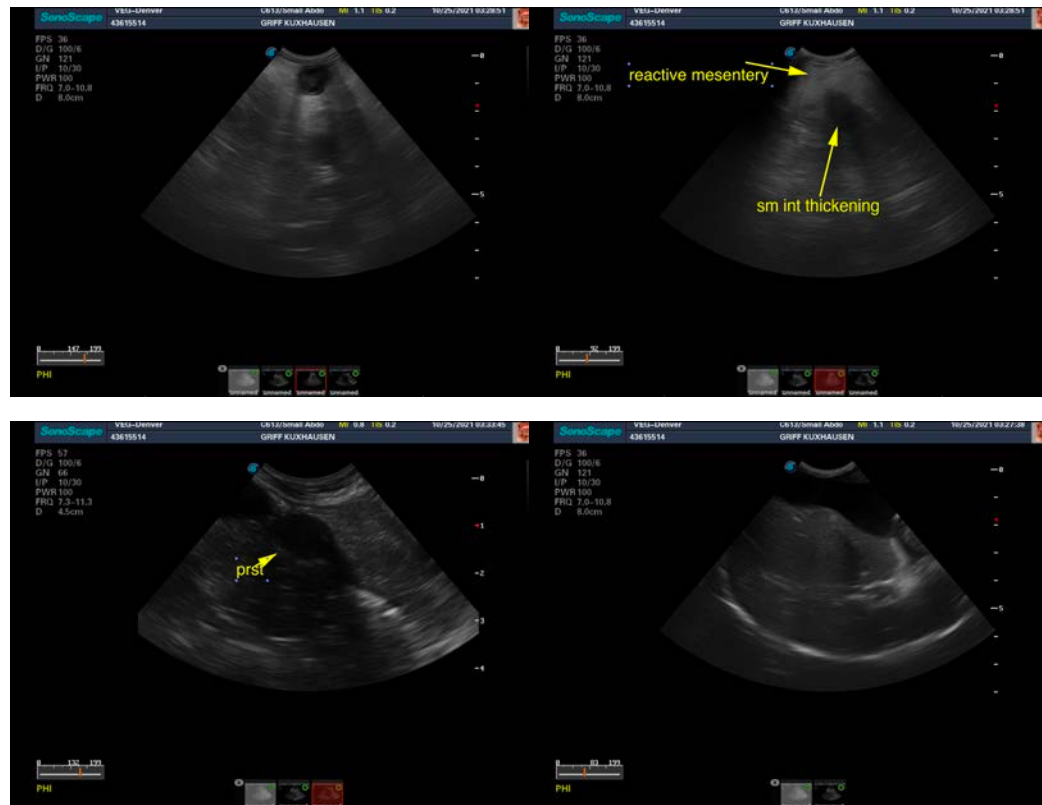
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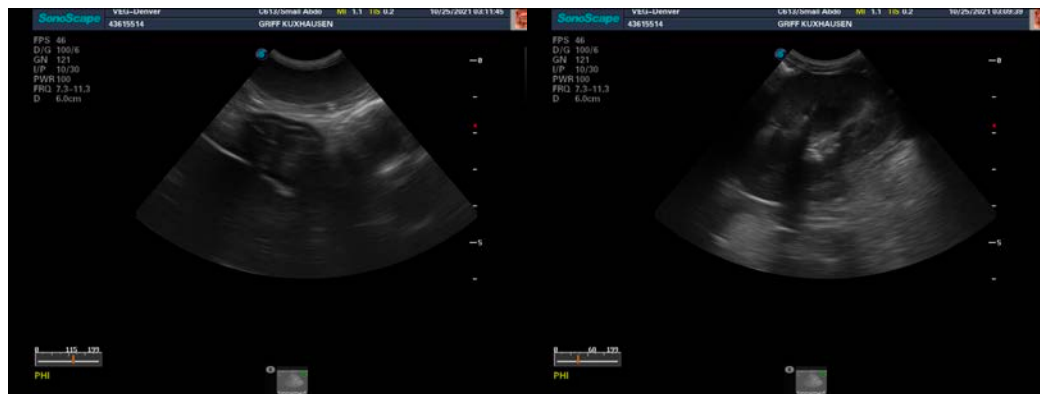
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PATIENT

Griff Kuxhausen

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

BREED

Jack Russell Terrier

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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Neutered Male

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